

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard – Frankfort KY 40601
(502) 564-5981

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

DRAFT

UST Closure Assessment Report Checklist

Date Form Completed		/ /			
1. UST Facility Information					
Agency Interest Number (AI)					
Coordinates					
UST Facility Name					
UST Facility Physical Address		Street Address:			
		City:	County:	Zip Code:	-
UST Facility Location (Coordinates)		Latitude:	Longitude:		
2. UST System Owner Information					
UST System Owner Name					
UST System Owner Mailing Address		Street Address:			
		City:	State:	Zip Code:	-
UST System Owner Contact Information		Phone: () -	Alternate Phone: () -		
		Email:			
3. Closure/Assessment Information					
Release Reported		<input type="checkbox"/> Yes <input type="checkbox"/> No	Incident Number:		Date Reported: / /
Closure or Assessment Date		/ /			
Type of Closure		<input type="checkbox"/> Removal from the ground <input type="checkbox"/> Closure in Place <input type="checkbox"/> Change in Service Assessment			
System Components Closed		<input type="checkbox"/> Tank & Piping <input type="checkbox"/> Tank Only <input type="checkbox"/> Piping Only ¹			
SFMO ² Certified Remover		Certification/License #:			
Inert Material Used (tanks closed in place only)		Volume (y ³):			
Tanks are being replaced		<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:		
Pit #	Tank #	Size (gal)	Date Installed	List <u>ALL</u> Contents Ever Stored in UST System	Previously Registered
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

¹ Piping only – A Closure Assessment Report (CAR) is only required for any portion of piping that is not being replaced in the same trench.

² SFMO – State Fire Marshal's Office

AI _____

4. Site-Specific Details			
Applicable Regulation		<input type="checkbox"/> 2018 Regulation <input type="checkbox"/> Backlog Regulation (<i>effective prior to 4/18/94</i>)	
Soil Screening Levels (<i>per Classification Guide</i>)		Groundwater Screening Levels (<i>per Classification Guide</i>)	
On-Site	Off-Site	On-Site	Off-Site
<input type="checkbox"/> Class A <input type="checkbox"/> Class A Adjusted <input type="checkbox"/> Class B Soil Matrix Table 1 <input type="checkbox"/> Class B Soil Matrix Table 2 <input type="checkbox"/> Class B Soil Matrix Table 3 <input type="checkbox"/> Backlog Levels <input type="checkbox"/> Other – Variance Approved	<input type="checkbox"/> Class B Soil Matrix Table 1 <input type="checkbox"/> Class B Soil Matrix Table 2 <input type="checkbox"/> Class B Soil Matrix Table 3 <input type="checkbox"/> Backlog Levels <input type="checkbox"/> Other – Variance Approved	<input type="checkbox"/> Groundwater Table 1 <input type="checkbox"/> Groundwater Table 2 <input type="checkbox"/> Groundwater Table 3 <input type="checkbox"/> Backlog Levels <input type="checkbox"/> Other – Variance Approved	<input type="checkbox"/> Groundwater Table 1 <input type="checkbox"/> Backlog Levels <input type="checkbox"/> Other – Variance Approved
Soil contamination confirmed above established screening levels?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Groundwater contamination confirmed above established screening levels?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Domestic-use wells, domestic-use springs, and/or domestic-use cisterns sampled (<i>if applicable</i>)		<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A (<i>none present within 100-meters</i>)	
Active or temporarily closed USTs on property?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Aboveground storage tanks on property?		<input type="checkbox"/> Yes <input type="checkbox"/> No Substance(s) stored:	
5. Closure/Assessment Details (<i>attach additional pages as necessary</i>)			
Pit Number			Amount of backfill material excavated (y ³)
Pit Dimensions (ft)	___ L x ___ W x ___ D		Piping dimensions (ft)
Bedrock depth (ft)			All piping was contained in excavation
Excavation extends below soil/bedrock interface	<input type="checkbox"/> Yes <input type="checkbox"/> No		Visible soil staining observed
Water in excavation or closed in place borings	<input type="checkbox"/> Yes <input type="checkbox"/> No		Free product encountered
Volume of water present (gal)			Water absorbed into backfill
Water was pumped	<input type="checkbox"/> Yes <input type="checkbox"/> No		Water recharged
Pit Number			Amount of backfill material excavated (y ³)
Pit Dimensions (ft)	___ L x ___ W x ___ D		Piping dimensions (ft)
Bedrock depth (ft)			All piping was contained in excavation
Excavation extends below soil/bedrock interface	<input type="checkbox"/> Yes <input type="checkbox"/> No		Visible soil staining observed
Water in excavation or closed in place borings	<input type="checkbox"/> Yes <input type="checkbox"/> No		Free product encountered
Volume of water present (gal)			Water absorbed into backfill
Water was pumped	<input type="checkbox"/> Yes <input type="checkbox"/> No		Water recharged
Pit Number			Amount of backfill material excavated (y ³)
Pit Dimensions (ft)	___ L x ___ W x ___ D		Piping dimensions (ft)
Bedrock depth (ft)			All piping was contained in excavation
Excavation extends below soil/bedrock interface	<input type="checkbox"/> Yes <input type="checkbox"/> No		Visible soil staining observed
Water in excavation or closed in place borings	<input type="checkbox"/> Yes <input type="checkbox"/> No		Free product encountered
Volume of water present (gal)			Water absorbed into backfill
Water was pumped	<input type="checkbox"/> Yes <input type="checkbox"/> No		Water recharged

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6. Management of Materials <i>(attach additional pages as necessary)</i>				
Tank Number		Pit Number		
Tank Contents	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)	
Residual Materials (sludge)	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)	
	Analyzed for TCLP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Hazardous	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning Materials	Cleaning materials used	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)	
	Analyzed for TCLP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Hazardous	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Combined with residual materials for disposal		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tank Number		Pit Number		
Tank Contents	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)	
Residual Materials (sludge)	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)	
	Analyzed for TCLP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Hazardous	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning Materials	Cleaning materials used	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)	
	Analyzed for TCLP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Hazardous	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Combined with residual materials for disposal		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tank Number		Pit Number		
Tank Contents	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)	
Residual Materials (sludge)	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)	
	Analyzed for TCLP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Hazardous	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning Materials	Cleaning materials used	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)	
	Analyzed for TCLP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Hazardous	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Combined with residual materials for disposal		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tank Number		Pit Number		
Tank Contents	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)	
Residual Materials (sludge)	Present at time of closure activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)	
	Analyzed for TCLP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Hazardous	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning Materials	Cleaning materials used	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume (gal)	
	Analyzed for TCLP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Hazardous	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Combined with residual materials for disposal		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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7. Optional Soil Removal				
Optional soil removal outside the excavation zone was performed		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Note: Optional soil removal in accordance with Section 4.16.2 of the UST Corrective Action Manual, shall cease upon encountering water that would require pumping more than one (1) pit volume during a single event to allow for further over-excavation.</i>				
Pit Number		Volume of soils over-excavated (y ³)		
Pit Dimensions after OE (ft)	___ L x ___ W x ___ D	Piping dimensions after OE (ft)	___ L x ___ W x ___ D	
Water encountered which would require pumping to allow for further over-excavation	<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of water removed (as a single event, up to one pit volume) (gal)	
Pit Number		Volume of soils over-excavated (y ³)		
Pit Dimensions after OE (ft)	___ L x ___ W x ___ D	Piping dimensions after OE (ft)	___ L x ___ W x ___ D	
Water encountered which would require pumping to allow for further over-excavation	<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of water removed (as a single event, up to one pit volume) (gal)	
8. Surface Material Removed (complete all that apply)				
Material	Area (ft ²)	Thickness (inches)	Curbing (linear ft)	Rebar
<input type="checkbox"/> Concrete			<input type="checkbox"/> Yes ___ in ft <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Asphalt			<input type="checkbox"/> Yes ___ in ft <input type="checkbox"/> No	
<input type="checkbox"/> Grass			Other details: _____	
<input type="checkbox"/> Other (specify): _____			Other details: _____	
9. Field Activities				
Narrative detailing site history (include past and present UST systems)		<input type="checkbox"/> Yes (required)		
Narrative describing permanent closure activities (e.g., tank removal, closure in place, change in service, etc.)		<input type="checkbox"/> Yes (required)		
Narrative describing soil and groundwater sampling and handling procedures (including field instrument calibration documentation)		<input type="checkbox"/> Yes (required)		
10. Attachments				
UST Classification Guide (DWM 4261)		<input type="checkbox"/> Yes (required)		
Site Map (refer to Section 4.7(C) of the UST Corrective Action Manual)		<input type="checkbox"/> Yes (required)		
Soil analytical table		<input type="checkbox"/> Yes (required)		
Soil boring logs (if applicable)		<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A		
Groundwater analytical table		<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A		
Analytical requirements attachments (refer to Section 4.15 of the UST Corrective Action Manual)		<input type="checkbox"/> Yes (required)		
Material management attachments (refer to Section 4.17 of the UST Corrective Action Manual)		<input type="checkbox"/> Yes (required)		
UST Certification of Properly Cleaned USTs (DWM 4260)		<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A		
Inert material invoice, indicating the volume purchased (closure in place only)		<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A		
Photographic documentation of permanent closure activities, including any water encountered in the excavation		<input type="checkbox"/> Yes (required)		
Photographs of water encountered in the excavation prior to pumping and post-pumping		<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A		
Photographic evidence of closed in place tanks filled to capacity		<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A		
Photographs of all domestic-use wells, domestic-use springs, and/or domestic-use cisterns within 300-meters		<input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A		

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11. Analytical Requirements and Results

Analytical data sheets (<i>attachment</i>)	<input type="checkbox"/> Yes (<i>required</i>)
Chains of custody (<i>attachment</i>)	<input type="checkbox"/> Yes (<i>required</i>)
Trip blank analysis (<i>BTEX water samples only</i>)	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A
Field blank analysis (<i>BTEX water samples only</i>)	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A
Narrative description of any flagged, qualified, or anomalous data	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A

12. Decontamination and Material Management

Tank contents disposal, recycling, or treatment receipts/manifests	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A
Residual contents disposal, recycling, or treatment receipts/manifests	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A
Cleaning materials disposal, recycling, or treatment receipts/manifests	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A
Tank and/or piping disposal receipt or bill of sale (<i>removal only</i>)	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A
Soil disposal receipt/manifest summary	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A
Water disposal/treatment facility receipt or KPDES ³ permit	<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A

13. Conclusions and Recommendations

Narrative discussion on conclusions drawn from field activities and analytical results	<input type="checkbox"/> Yes (<i>required</i>)
Narrative supporting recommendations	<input type="checkbox"/> No Further Action <input type="checkbox"/> Site Investigation

14. Report Certification

☐ Check here if the person completing the form is the same as the P.E. or P.G. named below.

Name of Person Completing Form			
Email		Phone Number	() -

Under the requirements of KRS Chapter 322 and 322A, this checklist and attached report shall be completed and signed by a P.E. licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors or a P.G. registered with the Kentucky Board of Registration for Professional Geologists.

I, the undersigned, under penalty of law, and in accordance with the provisions of KRS Chapter 322 or KRS Chapter 322A, as appropriate, hereby certify the submitted information, including all attached documents, is true, accurate and complete. KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment.

Printed		Title	
Signature		Date	/ /
<input type="checkbox"/> Professional Engineer		<input type="checkbox"/> Professional Geologist	
License Number		Registration Number	
License Date		Registration Date	



If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email DEP.KORA@ky.gov.

³ KPDES – Kentucky Pollutant Discharge Elimination System